



THE JOURNAL

National Naval Medical Center, Bethesda, Maryland

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General Powell visits NNMC, patients

By Bill Yates
Journal staff writer

General Colin Powell, USA, the nation's highest ranking uniformed military member, dropped in on the National Naval Medical Center (NNMC) last Thursday morning. He addressed a packed auditorium before visiting surprised patients and staff on the hospital's in-patient wards.

"They say if you need a friend in Washington you had better buy a dog," Powell laughed in his opening remarks to the crowd of more than 400 people. "But that's not true — you just need to come visit the Navy at Bethesda."

After noting that the 455,000 service members deployed to Operation Desert Storm were only a fraction of the more than 2 million Americans on active duty throughout the world, the chairman of the Joint Chiefs of Staff offered high praise for the Navy medical effort during the conflict.

"The single reason I am here today is to say well done and thank you to those who provided care during Operation Desert Storm," he said as people continued to squeeze into the standing-room only auditorium.

Powell, a qualified Army ranger, said he held a "special place" in his thoughts for the Navy medical corpsmen assigned to front line Marine units.

"The Marines' job was to penetrate the so-called Band of Death," a defensive line of tanks and trenches the Iraqis had constructed on the

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Photo by Lauren Lee Salgaller

GEN Colin Powell, USA, chairman Joint Chiefs of Staff.

Tests reveal thyroid problem for Bush

By Kevin Sforza
Journal editor

Tests done at the National Naval Medical Center (NNMC) and Walter Reed Army Medical Center have shown the cause of President Bush's irregular heartbeat, atrial fibrillation, is a hyperactive thyroid.

At a press conference held here Tuesday night, Dr. Burton Lee, the president's personal physician told media results from two blood samples, one done at NNMC, the other at Walter Reed, confirmed the thyroid to be 10 to 20 percent more active than normal.

"The president will undergo a thyroid scan and other tests to determine appropriate treatment," Lee said. Prior to this, Bush had never been tested for thyroid function because he had

previously shown no symptoms of such a condition. Lee said the problem began sometime within the last six to 12 weeks.

Colonel Kenneth Burman, USA, assistant chief of endocrinology and metabolic services at Walter Reed, said knowing the cause of the atrial fibrillation makes it easily treatable. He explained three types of treatment used in correcting this condition — radioactive iodine (taken orally), antithyroid medication and surgery. Both he and Lee stated emphatically that the third option is considered extremely unlikely at the present time.

The president returned to NNMC yesterday as an outpatient for the scheduled tests. The results of these tests will determine the appropriate treatment. The possibility of a prolonged stay in the hospital by the president was deemed "very slight" by Lee.



COL Kenneth Burman, USA, explains President Bush's thyroid condition. Burman is assistant chief of endocrinology and metabolic services at Walter Reed Army Medical Center.

Photo by HM2 Brett Cantrell

Perspectives

By CAPT Roger Jay Pentzien,
MC, USN
Commanding Officer,
Medical Treatment Facility,
USNS *Comfort*

On Aug. 9, 1990, the USNS *Comfort* (T-AH 20) was activated from reduced operating status to full operating status in support of Operation Desert Shield. Our mission was to provide surgical and trauma-intensive medical support in the event efforts to maintain peace failed. *Comfort* had the capacity to operate up to 1,000 beds and offer the finest in medical and surgical care to potential patients.

The order for activation came as a surprise. While closely following events in the Middle East, I was personally completing preparations for a two month trip to the Antarctic to participate in the debrief for nearly 100 individuals at McMurdo Station who were completing their "winter-over."

The day of activation I had forwarded the last required paper-

work for the trip and would have left on the 17th of August, flown via Los Angeles to New Zealand and on to the ice. My family and I were prepared for my journey to a land where temperatures range from well below zero to a rare high of 30 degrees Fahrenheit.

In a telephone call I was told, "Don't pack your snowshoes, you might better consider desert boots." Temperatures in the Middle East, by contrast, range from 110 to 140 degrees Fahrenheit.

I knew I would be commanding the finest collection of professionals ever assembled. Their dedication to country, the Navy and area of expertise was, from my perspective, without equal. We could not fail.

Upon the departure of the initial complement of our crew, I recall, as if it were yesterday, making a promise to the families and friends of the crew that I would do everything in my power to bring back their loved ones safe and sound. Two hundred and forty-four days later that promise came to final fruition.

Today, as I walk the passages and climb the ladderwells of *Comfort*, it is quiet. The crew works diligently to complete the final phases of deactivation to return the ship to reduced operating status by May 15. There is for me a bittersweet feeling. For a fleeting moment in time we had the finest trauma and combat casualty care center in the world. I am eternally grateful that our full skills were never tested, but I know we were ready.

To crew members, your family and loved ones, I thank you for your support during these past eight months. Hopefully, we have all grown stronger by the experience. To all those who remained here, I thank you for your diligence, long hours, hard work, dedication, thoughts and prayers. The "Navy Team" should be very proud of its contribution to Operation Desert Shield/Storm.

To the hundreds of thousands of school children and the millions of Americans who provided unfailing grassroots support through cards,



CAPT Roger Pentzien

letters, banners and packages — THANK YOU.

Two final thoughts. First, do not become complacent and allow our state of readiness to wane; second, remember, not all of our fellow men and women in uniform are home yet.

Have a good and a safe day. That is all.

Letters to the Editor...

On behalf of all the men and women of the Navy Dental Corps, I extend congratulation and best wishes to the officers of the Navy Nurse Corps on this the occasion of your 83rd anniversary.

Since May 13, 1908, your devoted service, in peacetime and war, in stateside garrison and remote outposts, has helped to keep our sailors and Marines combat ready. During the recent operations in the Persian Gulf you again performed superbly, whether caring for our troops in theater or their dependents at home.

We in the Dental Corps salute your professionalism and commitment to excellence. Happy birthday!

Chief, Navy Dental Corps
Rear Admiral M.C. Clegg,

NAVY NURSE CORPS DAY
MAY 13, 1991

BY THE MAYOR OF THE DISTRICT OF COLUMBIA
A PROCLAMATION

WHEREAS, eighty-three years ago the first twenty nurses arrived at the Naval Hospital, Washington, D.C., for orientation and duty in the Navy Medical Department; and

WHEREAS, the Navy Nurse Corps enrollment has grown from 20 to 5,000 active duty and reserve nurses with assignments in medical facilities throughout the United States and overseas; and

WHEREAS Navy nurses have voluntarily joined and served with honor and distinction during times of both peace and conflict, including two world wars, Korea, Vietnam and Operation Desert Storm; and

WHEREAS, Navy nurses have proved indispensable at fleet hospital facilities, aboard ship, aircraft carriers, amphibious ships and hospital ships; and,

WHEREAS, Navy nurses have an enviable record of achievement and devotion to duty as hospital clinicians, teachers, administrators, researchers and practitioners; and

WHEREAS, the expertise and contributions of Navy nurses working in all phases of the Navy health care system, ensure that quality care remains the top priority for all patients:

NOW, THEREFORE, I, THE MAYOR OF THE DISTRICT OF COLUMBIA, do hereby proclaim Monday, May 13, 1991, as "NAVY NURSE CORPS DAY" in Washington, D.C., and call upon all the residents of this great city to join me in commending the outstanding contributions made by the Navy Nurse Corps.

SHARON PRATT DIXON
MAYOR
DISTRICT OF COLUMBIA

The
Journal

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Reserve chaplains attend ministry clinical orientation course here



Photo by Lauren Lee Salgaller

LT Edwin Foster, CHC, USNR, chats with Maureen L. Cannall, a patient here. Foster attended the reserve chaplain orientation which ended today.

By JOSN Kathleen L. Warring
Journal staff writer

An individual institutionalized nearly 50 years was diagnosed as having leukemia. He has an IQ of 10 and a mental age of two and a half. He can't communicate verbally except for grunts and gestures. The treatment for his leukemia would have required chemotherapy with unpleasant side effects: nausea, bladder irritation, loss of hair, anemia and possible infection. The man himself was clearly unable to decide whether or not he should have the disease treated. Family members prefer not to be involved. Should the individual be treated?

Cases such as this are presented to students as part of the Hospital Ministry Clinical Orientations Course for Naval Reserve Chaplains being held at National Naval Medical Center (NNMC) from April 29 to May 10.

The course is held twice a year, once on the East coast and once on the West coast, explained Captain Loren Richter, CHC, USNR, course coordinator and instructor. This year, he added, was NNMC's turn to host the event.

Sponsored by the Chief of Chaplains, Rear Admiral Alvin B. Koeneman, CHC, USNR, the course teaches chaplains how to work as an effective part of the medical team in patient care, Richter explained. "The course is based on the theory patients may need moral and/or theological support in addition to physical health care."

The case referenced is used in the medical

ethics class to demonstrate a type of situation a chaplain may encounter while stationed at a hospital. In this particular instance, said Richter, there is no clear answer. Situations like these are evaluated and dealt with on a case-by-case basis by medical ethics committees, which often include chaplains.

According to Richter, the course allows reserve chaplains to upgrade professional skills they need to provide pastoral care to military persons. The course gives chaplains with essential knowledge and skills needed to work with persons dealing with different crises including death, illness, marital problems, divorce, drug abuse, alcoholism, domestic violence and separation from home and family.

"Seminaries teach them the principles of religion," said Richter. "This course prepares chaplains to work in a military setting, as well as a hospital. It's an opportunity for them to acquire hands on experience with patients and staff," he said.

"In the hospital, chaplains encounter people of many different faiths," Richter continued. "Sometimes they have to offer spiritual support in a non-denominational way. A chaplain well founded in his own faith is secure enough to allow others to come to God in their own fashion and serve as a source of support and demonstrate God's love."

The two-week course offers classes including problem solving, listening skills and medical ethics. Doctors and nurses from the hospital speak to the chaplains describing the functions their department perform.

Classes are held in the Naval School of Health Sciences.

"These lectures give chaplains a better understanding how a hospital functions and how to talk to patients," said Lieutenant Jo Lentz, CHC, USNR, assistant course coordinator. "Chaplains gain exposure to different issues affecting the patients and staff."

A chaplain is a source of comfort and support during crises, explained Lentz.

"Patients or family members sometimes ask the chaplain, 'Why me?'" she said. "Chaplains need to deal with this question as well as day-to-day problems. They have to know how to talk to people and what to do or what not to do in crisis situations."

According to Richter, a chaplain's most important role is to be a listener. "A chaplain should just listen, let the person tell their whole story. Sometimes all they need is someone to talk to," he said.

Classes end at 4:30 p.m., but the learning doesn't stop there. During the two week course students were assigned watches as duty chaplains from 4:30 p.m. to 7:30 a.m. from May 2 to May 9. The chaplains see patients, answer calls and perform other duties fulfilled by hospital chaplains.

"The course enables chaplains to build on skills they have and teaches them how to handle emergency situations," said Richter.

"These skills aren't exclusive to the military or to a hospital. Chaplains can confront these

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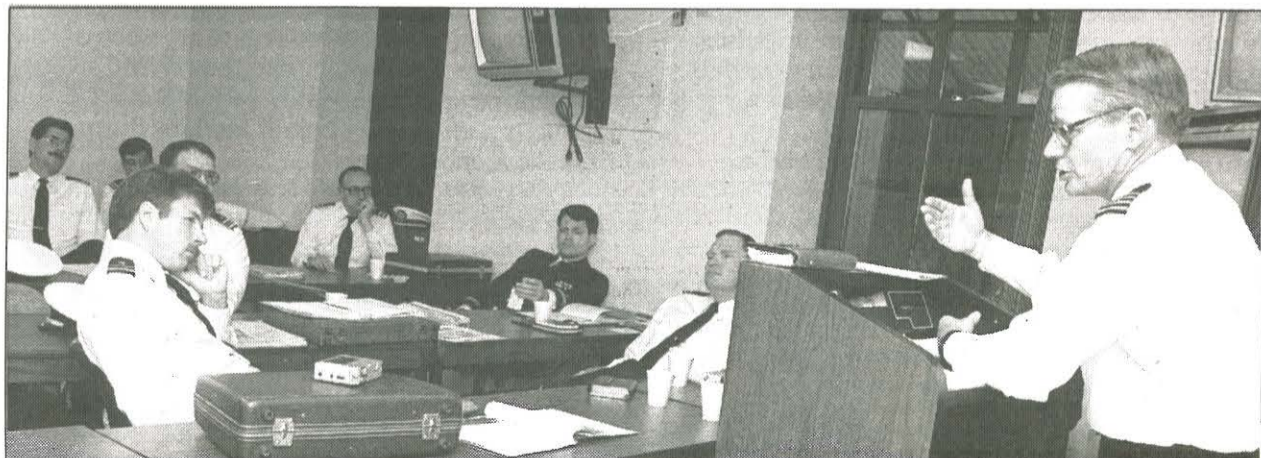


Photo by Lauren Lee Salgaller

CAPT Loren Richter, CHC, USNR, addresses students during class on medical ethics. Richter, course coordinator, also instructs during the two-week course.

Health & Fitness

Verbal abuse hurts children, too

By Evelyn D. Harris
Armed Forces Information Service

“S ticks and stones may break my bones, but names will never hurt me.”

Most of us probably used that old rhyme when we were children. It might have made us feel a little better, but we didn't really believe it.

Because words do hurt. And cruel words from a parent or teacher can hurt a child as much as or more than teasing from another child.

Most people think of children being beaten or sexually molested when they hear the words “child abuse.” But emotional abuse and neglect are forms of child abuse, too.

In 1984, according to the American Humane Association, 1,726,649 children were officially reported as being abused. Most of these cases—55 percent—involved neglect (failure to provide adequate food, shelter, clothing, supervision, hygiene or medical care); physical abuse, 25 percent; and sexual abuse 13 percent. (The figures add up to more than one kind of abuse.) But while only 11 percent of the reported abuse cases were classified as emotional abuse, experts believe it is present at least as often as physical abuse.

According to a glossary published by the federal government's National Center on Child Abuse and Neglect, psychological or emotional abuse is “child abuse which results in impaired psychological growth or development.” It frequently occurs as verbal abuse or expecting too much from a child and then ridiculing him when he can't meet the demands. It results in a negative self-image and disturbed behavior.

According to a spokeswoman for DoD's Military Family Resource Center, examples of emotional abuse include:

- * • **REJECTION.** Telling a child, “You're no good,” or “I wish you'd never been born.” Rejection sets the child up for failure and belittles him when he can't accomplish a difficult task. Rejection also includes routinely telling a child he's clumsy or stupid for making normal childhood mistakes, such as spilling milk.
- * • **IGNORING.** Failure to talk to a child, praise his accomplishments and give him affection and encouragement.
- * • **TERRORIZING.** Threatening a child, telling her the world outside is out to get her or attacking the child's beloved possessions or pets are examples of terrorizing.
- * • **ISOLATING.** Not allowing the child to go out or make friends outside the home or in general trying to destroy the child's friendships.
- * • **CORRUPTING.** Teaching or encouraging a child to steal, be aggressive or sexually precocious, use drugs or alcohol or take part in other socially unacceptable behavior or praising a child who engages in such behaviors. **POTENTIAL ABUSERS**
 - Who is most likely to emotionally abuse a child? While any parent, if placed under enough stress, can become an abuser, these factors can put some parents at higher risk:
 - Youth and inexperience as parents. Young parents are more likely to have more unrealistic expectations. “It's these parents who are more likely to think that a 12-month old is wetting her pants to be mean, for example,” said the center spokeswoman.
 - Isolation from family and social sources of support. “This is a particular problem for a

young military wife stationed in a far-off post. She can't just call her mother for advice,” said the spokeswoman. Although help is available from other military parents and from chaplains and military family support professionals, many young parents may hesitate to ask for it.

- Stress, whether it's from job demands, financial hardship or marital problems.
- Drug or alcohol abuse or emotional problems.
- A history of having been abused as children themselves. These parents not only had no role models for good parenting, but tend to have low self-esteem, which makes them more likely to abuse their children.

While emotional abuse is probably most damaging when inflicted on a child by a parent, other adults can also be guilty. A teacher may often ridicule or belittle a certain child in front of the class to get the kid to shape up. Unfortunately, the result is, at best, a child who hates school and, at worst, a child who feels worthless and stupid.

However, according to Dr. Ira Lourie, a child psychiatrist with the federal government's National Institute of Mental Health, even if a child has a negative self image and disturbed behavior, it doesn't mean he's been abused. Any parent can have a child with psychological or behavior problems. And many parents on occasion say cruel things to their children. “Abuse is consistent, patterned and relentless,” said Lourie.

If you think a child is being abused, report it to the family advocacy program office or security police if you live on or near a military installation, or the local police if you do not live near the installation.

School observes EEG Awareness Week

The Naval School of Health Sciences' (NSHS) Electroneurodiagnostic Technician School (Electroencephalographic) and the EEG Lab of the National Naval Medical Center (NNMC) celebrate EEG Awareness Week May 13-17.

Electroneurodiagnostics is a rapidly growing field that includes many procedures designed to assess brain and nervous system function by measuring the electrical impulses these organs produce. Technicians are training in the procedural aspects as well as clinical correlations of pattern recognition (normal and abnormal), artifact recognition

and other related facets of the field.

Electroencephalography, Evoked Potentials, Long-term and Operative EEG monitoring and Polysomnography are just some of the neurodiagnostic procedures available to physicians. These tests are commonly used to assist in the diagnosis of seizure disorders, vascular disease, degenerative diseases (such as Multiple Sclerosis) and sleeping disorders.

For further information regarding electro-neurodiagnostics, contact one of the NNMC staff technicians or the NSHS EEG School instructors, or stop by one of the labs during EEG Awareness Week.

national HOSPITAL week

MAY 12-18



MAY IS

SIGHT



SAVING

MONTH

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east coast and southern border of Kuwait, he said. "To know we had Navy corpsmen ready to go into battle, to take on the tough job that had to be done, was encouraging to all our troops."

Powell said astute Marine reconnaissance eventually allowed American troops to slice through the Iraqi lines "like they were driving up Pennsylvania Avenue in non-rush hour," greatly decreasing casualty figures. But had there been a need, Powell said, the Marines knew that the hospital ship USNS *Comfort* was standing by.

"I want to say that I am immensely proud of the men and women who went out with the *Comfort*. I was around when we fought the fight to put into place these hospital ships," he said of *Comfort* and its San Diego-based sister ship, the USNS *Mercy*.

"But the ship did not come to life until the dedicated sailors came aboard. The only important stat I need to know about the *Comfort* is that it was a ship manned with living people ready to take care of wounded Marines and GIs," Powell said.

"The Navy was a part of the overall military team. We had each service bring great capabilities to what we were doing," said Powell, who visited Walter Reed Army Medical Center the previous day. "But beyond that it was an active duty and a reserve team, working together. And even beyond that, it was a team effort of the nation."

"We had no option but to win and win in the decisive way we did," he said, thanking the crew of the hospital and the hospital ship before exiting to a rain of applause that seemed to come down in sheets.

From the tumultuous clapping of hands, Powell stepped into the relative quiet of the hospital foyer. He shook hands with four soldiers, recently returned from Saudi Arabia and still dressed in brown-and-tan desert camouflage uniforms, before entering the elevator for the wards.

Joining the general for the tour of the wards was his wife, Alma. Together, they began their greetings with a stop at Ward 7 East, the NNMCM pediatric wing.

"I was surprised that he was up here," said teenage patient Tara Jackson. "My mom said that General Powell was on our floor and the next thing I knew he was in my room. I couldn't think of anything to say."

"He was such a strong person, and yet he was so gentle. We talked about him afterward and we both said the same thing," said Kathy Jackson, Tara's mother.

"I was very impressed," Tara said.

The Powells made their way from door to door, approaching patients for personal conversations out of the ear shot of the host of



Photo by Lauren Lee Salgaller

Elizabeth McVey, age 2, offers a snack to GEN Colin Powell, who toured here May 2. Elizabeth, and her mother, Carol, were on Ward 6 visiting Elizabeth's grandmother, Norma Haney.

gathered onlookers. Alma Powell handed Operation Desert Storm pins to those with whom they spoke, including roommates Kerry Walsh, 13, and Samantha Carroll, 15.

"He was nice," said Walsh, whose mother also spoke with the Powells. "But I forgot to brush my hair. If somebody had told me he was coming I would have brushed it."

"He told us to get well soon and that we were in a good hospital," Carroll said. She said that she had told some of her friends at home about the general's visit.

"Some of them were shocked but some of them didn't even know who he was," she said, shaking her head disdainfully.

The tour, led by NNMCM commander Rear Admiral Donald Hagen, MC, and deputy commander Captain William Rowley, MC, advanced down the stairs to the sixth floor wards. Recalled reservist Hospital Corpsman First Class Richard Smith, the ward's leading petty officer, had a chance to speak with the general.

"I was very impressed," he said, echoing others exact thoughts. "The speech itself was fantastic. You know he wasn't talking off the

top of his head with the things he said. You know he means it."

As the Powells made their way down the sixth floor corridor, the group passed the nurses station on Six Center, where medical clerk Priscilla Haskins was on duty. Once Haskins saw who it was, she whipped out her bible and asked the general to sign it for her mother.

"What's her name?" Powell asked before penning on the book's first page, "To Callie Mae Haskins, Best Wishes, General Colin L. Powell."

"My mother's 80 years old and this is a real treat for her. She's showing it to all the folks she knows around where she lives," said Haskins, whose mother lives in Falls Church, Va. "She's real excited about it."

"I was hesitant to ask him at first, but he seemed real approachable," she said.

"Being black, it makes you feel good that despite all the problems out there, if you set your mind to it, you can do anything," said Haskins, who plans to enter nursing school. "I see him and I tell my nephews that you can be anything you dream."

Navy Marine Corps Relief fund drive underway

By JOSN Kathleen L. Warring
Journal staff writer

The 1991 annual fund drive for the Navy Marine Corps Relief Society (NMCRS) is underway at the National Naval Medical Center (NNMC). Pledge cards for the drive will be distributed to all NNMC departments.

Lieutenant Larry R. Ciorito, NMCRS fund drive coordinator at NNMC, said this year's goal is 100 percent participation from the base's military population.

Ciorito recommends contributors pledge an amount to be deducted from their monthly pay. "It makes it easier for fund drive coordinators if people sign up for the payroll deduction program," he said. "Administratively, the process moves faster and we can tabulate the total fund drive gain sooner."

"This year NMCRS contributors can donate their pledge directly to the Fisher House fund," he added. "All a donor has to do is write in 'Fisher House' on the pledge card."

Although sponsored by the Department of the Navy, the society receives no funding from

the government. Its operating and administrative funds come from investment income derived from a Reserve Fund, according to a fact sheet released by the society.

"Income provided by the drive is critical to the society's operations," said Ciorito. "Without it, the Reserve Fund would be depleted."

The fact sheet said income from the 1990 Navy-wide fund drive totalled 57.3 million dollars and came from repaid loans, contributions, thrift shop operations and interest and dividends from investments.

CHAPLAINS, from page 3

issues at any time. The better prepared a chaplain is, the better chaplain he or she will be," added Lentz.

The students said they feel the course has been helpful.

"Ministry is a constant growing, learning experience. I think the course emphasized that for us even though we are already professional chaplains," said Lieutenant Commander Lesley Northup, CHC, USNR. "The course has been a good experience. It was an opportunity to exchange ideas with colleagues and share different faith traditions."

Lieutenant Commander Carl Filer, CHC, USNR, agreed. "Throughout the course there was a sense of 'esprit de corps' that allowed us to affirm our differences, and transcend them. With a group of 16 or 17 chaplains you get a wide spectrum of ideas."

Lieutenant Edward Davis, CHC, USNR, found the course productive because it offered practical experience he could utilize as a Navy chaplain and in his civilian congregation. "I was able to experience, first-hand, the issues facing staff and patients in a hospital setting. The course emphasized for me the brevity and importance of life. The experience will help me relate to the problems facing people who come to me."

The students said they appreciated the assistance provided by NNMCM staff.

"There was a level of acceptance on the part of the staff here that made us feel as if we were part of a team. I'm especially grateful to the nurses who took the time to tell me about the special needs of particular patients," said Filer.

"Overall, the course emphasizes what chaplains are here to do," said NNMCM chaplain Lieutenant Commander Jessie R. Tate, CHC.

"Every chaplain acts as a sustainer," said Richter. "A chaplain is here to remind us, whatever the situation, whether we are ill or well, God loves us."

Dining Society coordinates 'World's Biggest Picnic'

More than 100 restaurants, hotels and corporate sponsors will be host to the "World's Biggest Picnic" at the National Naval Medical Center on Armed Forces Day, Saturday, May 18 starting at noon.

The free picnic, sponsored by the Washington D.C., Dining Society, is an effort to honor the thousands of service members who participated in Operation Desert Storm. Everyone, including NNMCM hospital staff members, is invited to attend and bring their families. According to Dining Society president Marty Pearl, the event is estimated to bring in 15,000 military personnel and family members from around the Washington area.

Area businesses such as Sutton Place Gourmet, Holiday Inn Crown Plaza, Giant Foods,

Occidental Restaurant, Hogate's Blues Alley, and corporate sponsors such as Lipton, Anheuser-Busch and Pepsi will provide donations including food, drinks, gift certificates, theater tickets and weekend holidays from hotels. These organizations will have booths set up around the grounds of NNMCM.

The Dining Society is an organization of restaurants and their clients created to increase the enjoyment and lower the cost of dining. The society arranges this through discounts, banquets and food tastings. The organization publishes a newsletter and supports area food-based charities. During the recent hostilities, they arranged parties and free meals to help raise the morale of dependents of members serving in Operation Desert Storm.



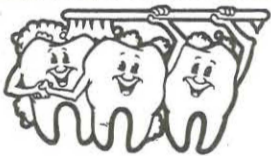
**Happy
Mother's
Day!**

May 12, 1991



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News Currents

Pet Week

In recognition of Pet Week (May 5-11) the Fort Myer Military Police K-9 division will hold a demonstration May 11 at noon, Building T-270. At 1:30 p.m., a special tour of the 3rd Infantry Caisson stables will be offered. For more information, call the Fort Myer Veterinary Services at 703-696-3604.

DoD open house

Andrews Air Force Base will host the annual Department of Defense Joint Services Open House Friday and Saturday, May 10 and 11.

Open House is an opportunity to view a display of U.S. Army, Navy, Air Force, Marine and Coast Guard aircraft, support equipment and specialized aviation transportation. This year's theme, "Eternal Vigilance...The Price of Freedom," is a fitting one for the many men and women who served in Operation Desert Storm.

Limited reserved seating is available for those who, because of age, or handicap, might not be able to stand for long periods of time. There are approximately 200 chairs available, so it is strongly suggested your group consider bringing chairs. Buses with handicapped or senior citizen signs will be allowed to drop off people at the seating area until 11 a.m. only.

Stuttering workshop

John Albach, executive director of the Na-

tional Stuttering Project (NSP) will be conducting a workshop Saturday, May 18 from 9 a.m. to 4:30 p.m. at the National Institutes of Health, 91000 Rockville Pike, Bethesda, Building 31 (C-wing).

The workshop registration fee (donations range from \$15 to \$30) is based on ability to pay however, no one will be turned away. For additional information about the workshop, pre-registration and directions, call Molly Vorhies, director of the Washington NSP chapter at 301-431-1809.

The local NSP chapter meets Tuesday from 7 to 9:30 p.m. at alternate locations in Maryland or Virginia. The Maryland location is NIH, 9100 Rockville Pike, Bethesda, Building 31 (C-wing), Room 7, 6th floor. Call 301-431-1809. The Virginia location is the Blake Center Vienna Presbyterian Church, 124 Park Street, Vienna. Call 703-941-5503.

Armed Forces Day Job Fair

On Saturday, May 18 from 9 a.m. to 2 p.m., one of the largest military job fairs in the Washington area will be held at the Holiday Inn, 2460 Eisenhower Avenue, Alexandria, Va (Exit 2B from I-95 North; Exit 2 from I-95 South).

As many as 40 employers with job opportunities in banking, administration, computer, clerical, management, government, health, logistics, security, technical, professional and other areas

are expected to participate. Bring plenty of resumes and Standard Form 171's.

The job fair is free to all military, dependents and government employees. Call 301-423-1495 for more information.

Pax River air expo

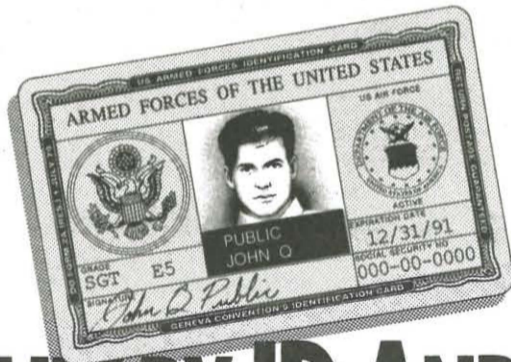
Patuxent River Naval Air Station will hold its 22nd annual Air Expo and Open House on Saturday, May 25.

Air Expo '91 features the Blue Angels, the Navy's flight demonstration team. The grand finale of the air show will be their demonstration of naval aviation might.

Joining the Blue Angels will be civilian performers flying biplanes, a sail plane, vintage war birds, a wing walker and a sky writer. Military and civilian aircraft will be included among the displays and exhibits. Also scheduled is a pre-show parade honoring the service members of Desert Storm.

The air show begins at noon. The gates open at 9 a.m., and there is no charge for admission or parking. For an Air Expo '91 update call 301-862-7517.

The public is invited to a Meet the Performers Party in the Cedar Point Officers' Club at 6 p.m. on Friday, May 24. The cost is \$10 per person. This includes all you can eat hoers d'oeuvres and a special pre-show performance of Air Expo '91. For more information, call 301-863-3656.



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Only one vehicle may be purchased per household. Must take delivery by December 31, 1991.

Desert Storm salute well run operation



Photos by Kevin Sforza

This youngster isn't "chicken" about getting his "fair share" of food.

The burgers were hot, the drinks were cold and the weather was perfect.

The entire day couldn't have gone any better than it did Saturday, May 4 for the Morale, Welfare and Recreation (MWR) picnic saluting Desert Storm personnel.

Navy personnel, including active duty and reservists on active duty, DoD civilians and their families enjoyed a day that cost nothing but the time they spent together.

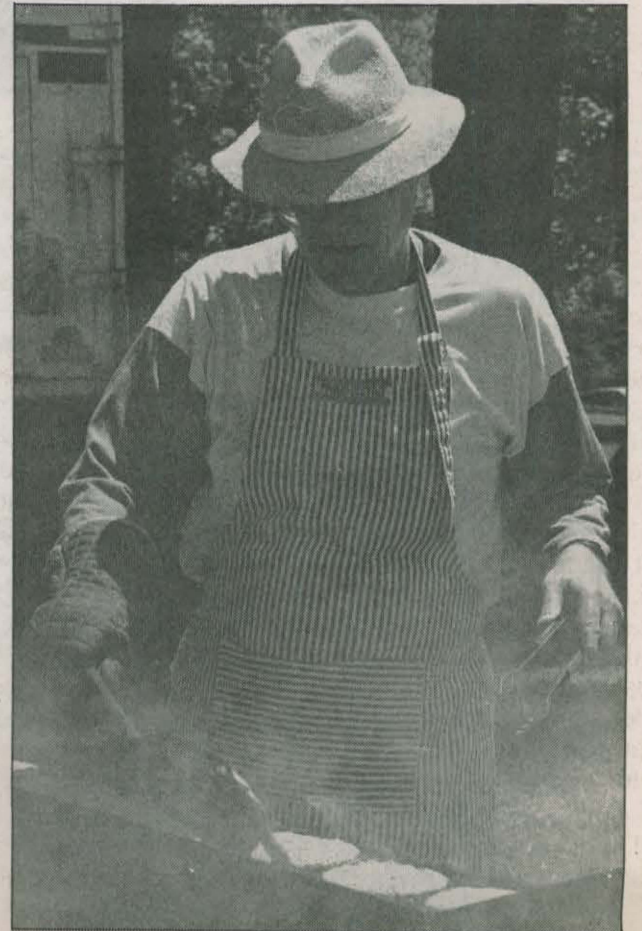
No one was in danger of going hungry with plenty of hamburgers, hot dogs and chicken plus all the fixings. For the sweet tooth there were cakes, cookies and cotton candy. To quench the thirst there were gallons of soda, as well as other refreshments for the adults.

Entertainment came from a number of

sources. A local DJ played music all afternoon. Children enjoyed the moon bounce and face painting and everyone's spirits were lifted by the clowns who roamed the grounds all day.

An added treat was provided by the Washington Redskin "Redskinettes" who signed autographs and preformed some of their dance routines.

Putting together an affair of this size is no easy task and the entire MWR department deserves much thanks for the time and effort they put into making the day a big success. A large **THANK YOU** also goes out to the many volunteers who contributed their time and efforts in setting up the grills, cooking the food and lending a hand in the clean-up process.



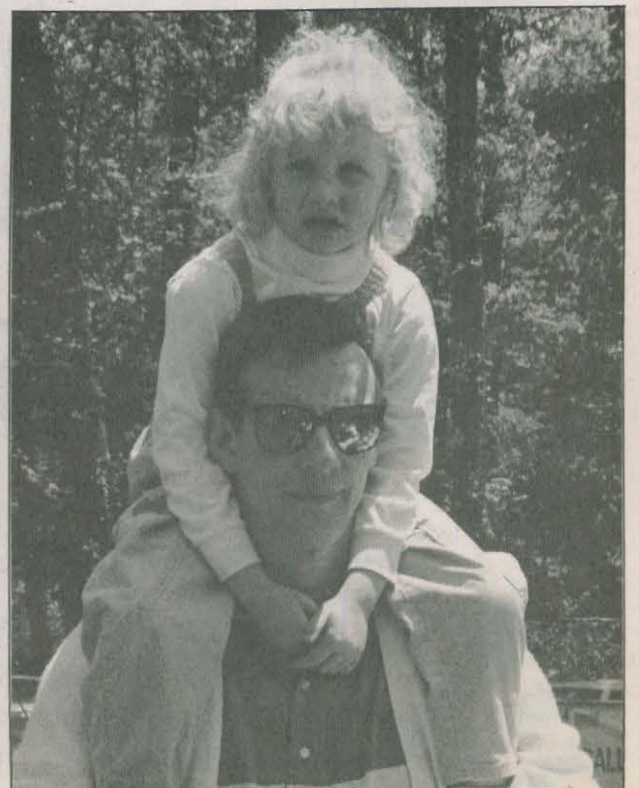
The grills were hot and busy covered by hamburgers, hot dogs and chicken.



Everybody's favorite, cotton candy, was available for children of all ages.



Youngsters take turns jumping inside the moon bounce.



This father gave his daughter a bird's-eye view of the day's proceedings.

TQL: New style of leadership underway

The Navy is making a cultural transformation to an innovative, improvement-oriented leadership style. This "new" style — an offshoot of a management system in use since the mid-1980s at certain shore installations — is called Total Quality Leadership or TQL.

It's a leadership style the Chief of Naval Operations (CNO) wants practiced from the top down, and it fits hand-in-glove with concepts being embraced throughout the Department of Defense.

Essentially, the TQL approach allows leaders to fine-tune the process of how things get done by using input from all members of their teams — from the most junior seaman to the most senior admiral — in making decisions.

The idea, say proponents, emphasizes identifying and fixing problems rather than merely obtaining funds and sustaining programs. Total quality control or TQC, the label given to the Japanese style of management by productivity experts, enabled that nation to become a world manufacturing leader, and is the basis of TQL. Ironically, the seeds of that style were planted in the Japanese psyche by American business consultant Dr. W. Edwards Deming, who helped reconstruct the devastated Japanese economy following World War II.

The management and leadership sides of the equation involve "a rethinking of the fundamental way you operate your enterprise, how you plan, how you deal with people and how you react to your customers," according to Laurie A. Broedling, assistant to the Under Secretary of Defense.

Total Quality Management and TQL are distinguished from other management approaches by their focus on the "process" of getting a job done rather than just on obtaining results. This focus requires all process participants to share their ideas for improvement and put them into action.

"We have a superior organization with enthusiastic, well-trained, dedicated people," said Chief of Naval Operations Admiral Frank B. Kelso II. "We're not instituting TQL because the Navy is in trouble, but because we can do it better.

"Our system works very well," he emphasized, "but with fewer resources available to us and the importance of our mission, we must make every hour of training, every dollar we invest, count."

TQL focuses on customers and what they want versus what the organization thinks they want and on the process involved in bringing the product or service to the customer.

It also focuses on leaders functioning as coaches rather than as judges; on creating an atmosphere of trust by removing the element of fear from the environment; on quality training for all team members, senior and junior alike, and on using statistics to identify common problems and make decisions.

TQL is a long-term program to improve the way the Navy does business. "It isn't a quick fix," said Kelso, "but it will affect every aspect of naval operations in the future."

The CNO also stressed that TQL is not just another management fad. "Some people think it's nothing but good leadership that they've been practicing for years," he said. "Most of them are wrong. TQL is more than that. It's a systematic approach to improving the way we operate, and it depends on scientific method

and using hard data to improve processes on a continuing basis."

Joseph A. Bizup, the CNO's top total quality leadership executive, agrees. "Most good managers have been doing some TQL during their careers," Bizup said. "What makes TQL different is that it takes the best parts of several management techniques and hangs them all together through leadership."

"I see an important part of TQL as sharing information horizontally and vertically," said Master Chief Petty Officer of the Navy Duane R. Bushey. "Being able to express your thoughts about the job processes without fear makes you part of the system, both in identifying and in correcting the problem."

Bizup said TQL drives out fear to promote innovation. "This can be fear of the boss, fear of speaking out about better ways to do the job or fear of criticism.

"A good leader creates an environment where people are confident they can point out problems and complexities of the work processes and express concern without fear of reprisal," he said.

"Innovation entails some risk," Bizup added. "A good leader acknowledges that risk is a necessary part of innovation."

Bushey pointed out that many decisions by

top managers are based on experience and "gut feelings."

"The part that's going to be foreign and strange to these leaders," he said, "is TQL's analytical processes. As managers, we're going to have to learn to use statistics, charts and predictions as part of the decision-making process."

And TQL requires a new way of thinking about problem solving, according to Senior Chief Aviation Storekeeper Edward Kyle, program manager for enlisted leader development at the Bureau of Naval Personnel.

"TQL calls for looking at the facts and working on real problems rather than just symptoms," he said. "It requires a continuous commitment to improvement."

Under TQL, "You don't just solve a problem and walk away from it. You keep going back and studying the process. For example, a 3 percent discrepancy rate is not acceptable when you're under water, flying airplanes or going out to sea," Kyle explained. "You keep striving for zero discrepancies in everything from your ship's preventive maintenance schedule to your squadron's sortie completion rate."

"In the beginning," Kelso said, "TQL will increase the workload for Navy people as they

See TQL, page 10

CNO's 14 points of TQL

1. Understand the mission and principles of the Navy. Have a clear grasp of how your command supports the Navy's mission and how the principles apply to your day-to-day actions.
2. Quality is the essence of TQL. Insist on quality performance and material. Do the job correctly the first time.
3. Know your job. Analyze and understand every facet of your responsibilities and those of your people.
4. Words alone don't solve problems. Look first at the process and the system for faults and solutions, not the people. Improve the process, train the people.
5. Quality training is the key to success. People must be fully trained to do their jobs. You are never too senior to learn. To do your best is not good enough unless you are properly trained to do the job.
6. Use analytical methods to understand and improve your jobs. Graphs and charts, properly used, are invaluable tools in this effort.
7. We are a team. We must work together across departments and commands. We must listen to the most junior people. All are charged with making the work place and quality of life better. All suggestions for improvement must be explained and action taken or rejected by the leadership. The leader must provide those who suggest improvements and ideas with feedback as to what is being done with the suggestions. The leadership will not necessarily adopt all ideas, but the leadership must provide the feedback on every suggestion.
8. Create an atmosphere of trust and open communication where everyone shares a sense of pride in their work. Get fear out of the work place. Create an atmosphere in which people tell you what is wrong in order that it can be fixed. Unless we recognize the problems, we cannot improve. We need to reward people who have the courage to tell us what they see that needs improvement so we can get better. Good ideas and lessons learned must be transmitted and shared between departments and commands.
9. Inspect smarter. Inspections should be methods of learning and improvement rather than threatening events. As all learn to do the job correctly the first and every time, the number of inspections will decrease.
10. Demand quality, not quotas. Quality in the work place and in our lives is what we strive for. If we get quality, all the other goals and quotas will follow.
11. Education and self-improvement are just as important as training. We must always get better. Everyone must be involved in training and self education.
12. All improvements, big and small alike, are important.
13. Be a leader. Your job as a supervisor is to guide and assist your people. The leader gets his people the tools and training they need to do their jobs correctly. It is the leader's responsibility to insure his people are properly trained for the job before they are placed in a position of standing a watch, starting a pump, lighting off a radar, firing a gun, loading a missile, etc.
14. All hands, from seaman to admiral, must learn to use TQL.

TQL, from page 9

receive formal training, define goals, gather statistical data to help pinpoint areas that need work, and develop new methods to solve problems."

But in the long term, the CNO explained, TQL will decrease our reliance on inspections, lower our accident rate and improve our efficiency by cutting down on repetitive, but unproductive work.

Currently, the Navy is designing its leadership courses for officers and enlisted personnel to include many TQL principles. Courses

will emphasize leadership with a quality flavor, starting at officer and enlisted accession points.

Additional courses, specifically for fleet leadership training, will be designed by members of five mobile teams, with three teams assigned to the East Coast and two team assigned to the West Coast. The teams will visit fleet operating units to conduct on-site TQL training. Team members will then use their experience to adapt TQL courses to the fleet's needs.

Captain James S. Baumstark, special TQL assistant for the chief of naval personnel, said

the management side of total quality programs has been used at selected supply centers, shipyards and naval aviation depots since 1983, but not as a formal program in fleet operating units.

"These teams will be the first to bring formalized TQL training aboard ships," he said. "Their members will use what they learn to develop courses for training all other fleet sailors."

As Bizup summed up, "TQL is more than old-fashioned Navy leadership. It's Navy leadership at its best." (Reprinted from Navy Editor Service, May 1991)

Admiral's Call scheduled

Rear Admiral Donald F. Hagen's final Admiral's Call as Commander, National Naval Medical Center, will take place on the following dates:

Date	Category	Time	Place
May 15	E-1 through E-3	6:35 a.m. & 4:30 p.m.	Auditorium, Building 2
May 21	Residents E-4 E-5	6:30 a.m. 1 p.m. 1:30 p.m.	Officers' Dining Room Auditorium, Building 2 Auditorium, Building 2
May 22	Civilians Civilian supervisors E-6 E-7 E-9	9 & 9:30 a.m. 1 p.m. 1:30 p.m. through 4 p.m.	Auditorium, Building 2 Auditorium, Building 2 Auditorium, Building 2
May 24	All other officers	2 & 4 p.m.	Auditorium, Building 2

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'90 CORSICA LTZ Power Sunroof, Automatic, Air-Conditioning, Defogger, Power Window & Door Locks, Tilt Wheel, Cruise Control, Stereo w/Cassette and Equalizer. #LY123688	WAS \$16,878. NOW \$13,444. MILITARY PRICE \$12,144.
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MWR notes

Championships scheduled

The Navy Recreation Center in Solomons, Md., will be the site of the 1991 South Mid-Atlantic Navy Sports Conference Regional 5K and 10K Road Racing Championships on May 18. Divisions will consist of male and female runners in the following age groups: under 30, 30-39, 40 and over. Entry forms for the event, open to active-duty only, may be picked up at the gym.

Disney passes

The Walt Disney Company is offering complimentary one-day admission tickets to visit the Magic Kingdom at the Walt Disney World Resort in Orlando, Fla. Tickets will be distributed by Naval Training Center, Orlando, to active-duty military members and active duty-reservists only.

NNMC SCUBA classes

Recreation Services is offering SCUBA diving classes. The cost of the classroom and pool instruction is \$92, with open water certification dives offered for \$135. Space is limited.

Men's softball tourney

Naval District Washington-Anacostia will be hosting a One-pitch Softball Tournament May 18-19. Any interested parties may contact YNC Hankins, 202-433-4141/4715.

More Orioles tickets

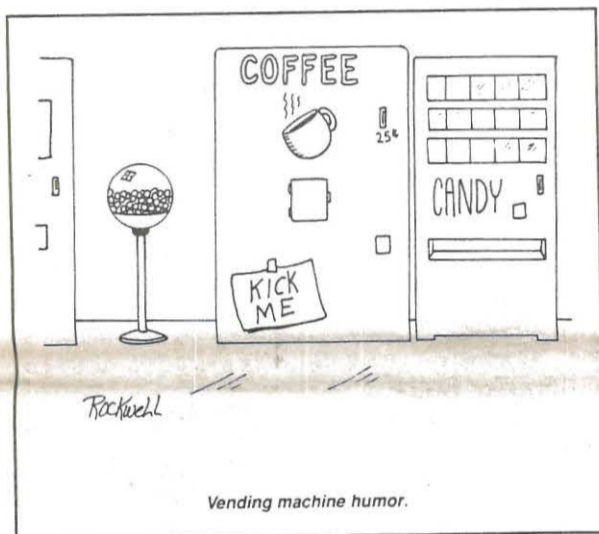
Recreation Services has more Baltimore Orioles baseball tickets to be given on a first-come, first-serve basis for all active duty, reservists on active duty and their families. Tickets are available for the May 15-16, 27 and 29

games. All games start at 7:30 p.m. Stop by the Recreation Services office, Building 23 between 9:30 a.m. and 6:30 p.m.

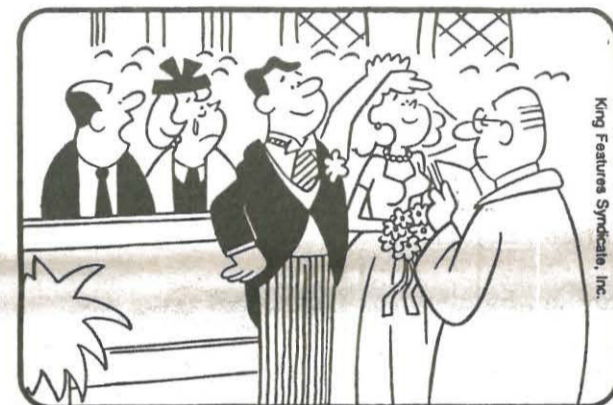
Sports trivia:

Question: Who are the three active pitchers with more than 200 major league victories?

Last week's answer: The Philadelphia 76ers stopped the Boston Celtics run of eight straight championships by taking the NBA title in 1967.



Vision Teaser



Find at least six differences in details between panels.

Differences: 1. Plant is larger. 2. Hat is different. 3. Bridegroom is taller. 4. Window is missing. 5. Ribbon ends are longer. 6. Head is tilted.

Armed Forces Day
May 18, 1991



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The NNMC Civilian Personnel Office is located on the ground floor of Building 10. Office hours are 7:30 a.m. to 5 p.m., Monday through

Friday. For more information on these positions, updated weekly by CPO, call 301-295-6801 or 301-295-6804.

Vacancy Number	Area of Consideration	Series/Grade	Position Title	Location	Closing Date	Point of Contact	Phone
Naval Medical Data Services Center							
91-36 (JF)		4 GS-669-7/9/11	Medical Records Librarian	Bethesda, Md.	Until Filled	J. Francis	295-6804
90-86 (LH)		4 GS-332-3/4	Computer Clerk	Bethesda, Md.	Open**	L. Stewart	295-6801
91-83 (JF)		4 GS-332-4/5/6/7	Computer Operator	Bethesda, Md.	Until Filled	J. Francis	295-6804
90-206 (JF)		4 GS-334-7/9/11/12	Computer Specialist	Bethesda, Md.	Open**	J. Francis	295-6801
90-88 (JF)		4 GS-334-11/12	Computer System Analyst	Bethesda, Md.	Open**	J. Francis	295-6804
Bureau of Medicine and Surgery							
91-116 (JF)		4 GS-204-5/6/7	Military Staffing Technician	Wash., D.C.	5/10/91	J. Francis	295-6804
90-195 (LS)	4,7	GS-318-4/5/6	*Secretary (T)	All activities	Open**	L. Stewart	295-6901
90-133 (LH)	4	GS-332-2/3/4	*Clerk/Typist	All activities	Open**	L. Stewart	295-6801
Naval School of Health Sciences							
90-244 (LS)		4 GS-2/3/4	*Clerical Support Position (T/NT)	D.C., Va., Md.	Open	L. Stewart	295-6801
91-39 (JF)		4 GS-1020-5/7/9	Medical Illustrator	Bethesda, Md.	Until Filled	L. Hasty	295-6801
91-164A(LH)		4 GS-1071-5/7	AV Prod. Specialist	Bethesda, Md.	Until Filled	L. Hasty	295-6801
91-267A(LH)		4 GS-1071-7/9	AV Prod. Specialist	Bethesda, Md.	Until Filled	L. Hasty	295-6801
Naval Medical Research Institute							
90-229 (JF)		9 GS-0018-12	Safety & Occ. Health Manager.	Bethesda, Md.	Until Filled	J. Francis	295-6804
90-258 (JF)		4 GS-404-6/7/9	Bio. Lab Technician	Bethesda, Md.	Until Filled	J. Francis	295-6804
91-107 (JF)		4 GS-404-7/9	Bio Lab Technician	Bethesda, Md.	Until Filled	J. Francis	295-6804
91-118 (JF)		7 GS-413-11/12	Research Psychologist	Bethesda, Md.	5/25/91	J. Francis	295-6804
91-117 (JF)		4 WG-4749-10	Maintenance Mechanic	Bethesda, Md.	5/25/91	J. Francis	295-6804
Health Sciences Education and Training Command							
91-19 (LS)		4 GS-540-4/5	Voucher Examiner (T)	Bethesda, Md.	Until Filled	L. Stewart	295-6801
National Naval Medical Center							
90-230 (LS)		4 GS-305-4	File Clerk	Bethesda, Md.	Until Filled	L. Stewart	295-6801
90-195 (LS)		7 GS-318-4/5/6	*Secretary (T)	All activities	Open**	L. Stewart	295-6801
91-08 (LS)		4 GS-322-4	Clerk-Typist (PT)	Bethesda, Md.	Until Filled	L. Stewart	295-6801
91-88 (LF)		11 GM-235-13	Sup. Empl. Devel. Spec.	Bethesda, Md.	5/24/91	L. Fetsko	295-6804
90-93 (LF)		7 GS-203-4/5/6	Pers. Staffing Asst. (T)	Bethesda, Md.	5/30/91	L. Fetsko	295-6804
90-133 (LS)		4 GS-322-2/3/4	*Clerk-Typist	All activities	Open**	L. Stewart	295-6801
90-250 (LS)		7 GS-322-4/5/6	Computer Operator	Bethesda, Md.	Open	L. Stewart	295-6801
91-111 (LF)		4 GS-343-11/12	Management Analyst	Bethesda, Md.	Until Filled	L. Fetsko	295-6804
90-242 (LS)		7 GS-385-5	Teletypist	Bethesda, Md.	Until Filled	L. Stewart	295-6801
91-62 (PR)	4,9,11,12	GS-610-11	*Clinical Nurse	Bethesda, Md.	Open**	P. Robinson	295-6801
91-87 (PR)	4,9,11,12	GS-610-11	*Nurse Specialist (Dental)	Bethesda, Md.	Open**	P. Robinson	295-6801
91-64 (PR)	4,9,11,12	GS-620-4/5/6	*Practical Nurse	Bethesda, Md.	Open**	P. Robinson	295-6801
91-109 (LH)		4 GS-640-5	Health Technician	Bethesda, Md.	Open**	L. Hasty	295-6801
90-261 (AW)	9,11,12,13	GS-648-8/9	*Therapeutic Radiologic Technologist	Bethesda, Md.	Until Filled**	A.L. Wright	295-6801
90-207 (LS)		4 GS-679-4/5	Medical Clerk (Typing/Nontyping)	Bethesda, Md.	Open**	L. Stewart	295-6801
90-196 (LS)	4,5,10,12	GS-675-4/5	*Medical Records Technician	Bethesda, Md.	Open	L. Stewart	295-6801
91-119	9,11	GS-018-9/11	Safety & Occ. Health Specialist	Bethesda, Md.	6/1/91	L. Fetsko	295-6804
91-121 (LF)		7 GS-203-4/5	Personnel Clerk (T)	Bethesda, Md.	5/30/91	L. Fetsko	295-6804

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Mon. - Fri. 9:00 am - 5:00 pm.

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MD. 3BR, 2 full BA, 2
1/2 BA, all tile, country kit
w/tile foyer. Lg FR
w/walk-out bsmt,
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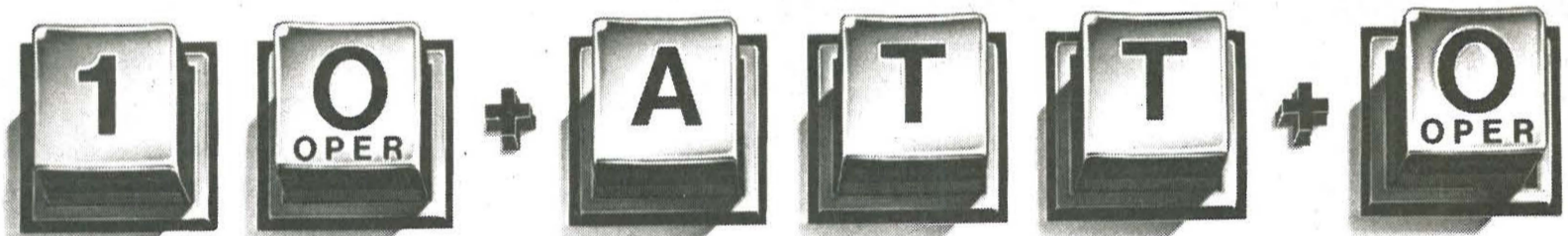
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